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CONFIRMATION NO. 7465

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APPLICANTS

Todd J. Bacon, Northville, MI;  
 Richard A. Robb, West Bloomfield, MI;

*RW*

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/439,839 01/14/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>RW</i> Initials	STATE OR COUNTRY MI	SHEETS DRAWING 13	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
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ADDRESS  
 29288  
 MARKELL SEITZMAN  
 3400 WINTERBERRY  
 ORCHARD LAKE , MI  
 48324

TITLE  
 Low profile lift apparatus with one to one direct lifting ratio

FILING FEE  RECEIVED 466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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